

Consent to Release Education Records: Grades



OFFICE OF THE UNIVERSITY REGISTRAR

FIRST FLOOR, CHUBB HALL, 1 OHIO UNIVERSITY DRIVE, ATHENS, OH 45701-2979
PHONE 740.593.4191 | FAX 740.593.0216 | EMAIL registrar@ohio.edu | WEB ohio.edu/registrar

Description: Records release authorization exclusively for the Office of the University Registrar

Submit release to: Office of the University Registrar, via fax, [Secure Upload Portal](#) or USPS mail

Types of records: Grades, Term GPA, Class Schedule

Who submits release: Student

When: Prior to an initial request to release education records

I hereby authorize Ohio University to release grade reports to my parents/guardians or other individuals identified below. I understand the individuals identified below will need to complete a written request and submit it to the Office of the University Registrar.

First and Last Name:

Address:

Street Address

City

State

Zip

Email:

Phone Number:

First and Last Name:

Address:

Street Address

City

State

Zip

Email:

Phone Number:

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

This permission will be in effect until I revoke it in writing to: Office of the University Registrar, 1 Ohio University, Chubb Hall, First Floor, Athens, OH 45701-2979.

(NOTE: This release is not a transcript order form. Visit our website for information about ordering an [Ohio University transcript](#))

Student Name:

Student PID:

OHIO Email:

Signature:

Date:

OHIO UNIVERSITY OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY

Form approved/processed by:

Date: